

REC'D FEB 16 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

3408

Do not use this space.

1. PLACE OF DEATH

(a) County Perry Registration District No. 657
(b) Township Burgess Primary Registration District No. #393 Registered No. 2
(c) City Attenburg (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. _____ St. _____ (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Eva Katherine Fischer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 4th, 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 2 21

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Merchant
9. Industry or business in which work was done, as saw mill, bank, etc. General Store
10. Date deceased last worked at this occupation (month and year) January, 1939 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Attenburg Missouri

13. NAME Albert Friedrich Fischer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saxony Germany

15. MAIDEN NAME Mary Palisch

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dresden Germany

17. INFORMANT (ADDRESS) Mrs. E. J. Fischer Attenburg, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Attenburg DATE 1-28-1939

19. FUNERAL DIRECTOR (ADDRESS) Thoms & Sons Perryville, Mo

20. FILED 1-28-1939 Adolf W. Schmidt Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 25th, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 17th, 1939, to January 25th, 1939

I last saw h. i. m. alive on January 23rd, 1939. Death is said to have occurred on the date stated above, at 10:00 A. m.

The principal cause of death and related causes of importance were as follows:

Myocarditis, Chronic Date of onset 10 days
Arterial Hypertension 1 year

Other contributory causes of importance: A. J. C.

Name of operation None Date of _____

What test confirmed diagnosis? P. Ex. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____ (Signed) Theodore Fischer, M. D.

(Address) Attenburg, Mo.

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)